

PUNCHED
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

2218

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1233

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>MARICOPA</u>		B. LENGTH OF STAY IN THIS TOWN <u>15</u> yrs IN ARIZONA <u>15</u> yrs		2. USUAL RESIDENCE A. STATE <u>ARIZONA</u>		B. COUNTY <u>MARICOPA</u>			
	C. CITY OR TOWN <u>PHOENIX</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>PHOENIX</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>2715 NORTH 38th PLACE</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>2715 NORTH 38th PLACE</u>					
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>FRED</u>		A. (FIRST) <u>NMI</u>		C. (LAST) <u>ANTHONY</u>		4. SEX <u>M</u>	5. COLOR OR RACE <u>WHITE</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>	
	6B. NAME OF SPOUSE <u>RUTH ANTHONY</u>		7. DATE OF BIRTH MONTH <u>9</u> DAY <u>25</u> YEAR <u>98</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>64</u>		IF UNDER 1 YEAR MONTHS <u> </u> DAYS <u> </u>	IF UNDER 24 HRS. HOURS <u> </u> MIN. <u> </u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>CONSTRUCTION FOREMAN</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>H. R. MEADOWS</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>MISSOURI</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>NO</u>		13. SOCIAL SECURITY NO. <u>497-05-6166</u>	
	14A. FATHER'S NAME <u>LEWIS JAMES ANTHONY</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>MISSOURI</u>		15A. MOTHER'S MAIDEN NAME <u>ANNIE ELIZABETH COMER</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>MISSOURI</u>			
CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <u>RUTH ANTHONY 2715 NORTH 38th PLACE PHOENIX, ARIZONA</u>				17. DATE OF DEATH (MONTH) <u>3</u> (DAY) <u>18</u> (YEAR) <u>63</u>					
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH <u>5 days -</u> <u>5 day</u> <u>undetermined</u> <u>undetermined</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <u>Myocardial Infarction</u> <u>Congestive Heart Failure</u> <u>Arteriosclerosis</u> <u>Multiple myeloma</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>12-16</u> , 19 <u>62</u> , TO <u>3-18</u> , 19 <u>63</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>17 Mar</u> , 19 <u>63</u> , AND THAT DEATH OCCURRED AT <u>12:21</u> PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE (DEGREE OR TITLE) <u>E. J. Laggard M.D.</u>			22B. ADDRESS <u>2333 E. Campbell</u>			22C. DATE SIGNED <u>20 Mar 63</u>			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u> </u>			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u> </u>			23C. (CITY OR TOWN) (COUNTY) (STATE) <u> </u>			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u> </u> M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u> </u>				
	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED			
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>3-21-63</u>		25C. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD MEMORIAL PARK</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>PHOENIX, ARIZONA</u>			
	26A. DATE REC. BY LOCAL REG. <u>3/22/63</u>		26B. REGISTRAR'S SIGNATURE <u>Bureau Johnston</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Moore</u>		27B. ADDRESS <u>PHOENIX, ARIZONA</u>			
	28A. EMBALMER'S SIGNATURE <u>Paul L. Raven</u>		28B. EMBALMER'S CERT. NO. <u>316</u>							